

PREA Facility Audit Report: Final

Name of Facility: Fellowship House

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/05/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Latera M. Davis | Date of Signature: 07/05/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|-----------------------------|
| Auditor name: | Davis, Latera |
| Email: | lateradavis@djj.state.ga.us |
| Start Date of On-Site Audit: | 05/19/2022 |
| End Date of On-Site Audit: | 05/20/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Fellowship House |
| Facility physical address: | 466 Long Hill Road , Groton , Connecticut - 06340 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|----------------------------|
| Name: | Shanakia Lancaster |
| Email Address: | slancaster@fhmservices.org |
| Telephone Number: | 8604483400 |

| Facility Director | |
|--------------------------|-----------------------------|
| Name: | David Stevenson |
| Email Address: | d Stevenson@fhmservices.org |
| Telephone Number: | (860)448-3400 |

| Facility PREA Compliance Manager | |
|----------------------------------|-----------------------|
| Name: | Theresa Main |
| Email Address: | tmain@fhmservices.org |
| Telephone Number: | O: (860) 448-3400 |

| Facility Characteristics | |
|--|---------|
| Designed facility capacity: | 18 |
| Current population of facility: | 16 |
| Average daily population for the past 12 months: | 15 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 29-64 |
| Facility security levels/resident custody levels: | Level 1 |
| Number of staff currently employed at the facility who may have contact with residents: | 16 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 3 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | Fellowship House Ministries, Inc. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 466 Long Hill Road , Groton , Connecticut - 06340 |
| Mailing Address: | |
| Telephone number: | |

| Agency Chief Executive Officer Information: | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|--------------------|-----------------------|----------------------------|
| Name: | Shanakia Lancaster | Email Address: | slancaster@fhmservices.org |
|--------------|--------------------|-----------------------|----------------------------|

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

| | |
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| 1 | <ul style="list-style-type: none"> • 115.233 - Resident education |
|---|--|

Number of standards met:

| |
|----|
| 40 |
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Number of standards not met:

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|---|
| 0 |
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-05-19 |
| 2. End date of the onsite portion of the audit: | 2022-05-20 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Just Detention (email) Local Advocacy Center (called two times no response) |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 18 |
| 15. Average daily population for the past 12 months: | 15 |
| 16. Number of inmate/resident/detainee housing units: | 2 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 16 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 1 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | The above information was provided to the auditor on the first day of the audit. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 14 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 10 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | The auditor received a copy of the resident list. Interviewed all residents on site. Several residents were offsite working. Interviewed residents from both houses. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 0 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were zero target residents identified by the site nor during the interview process.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were zero target residents identified by the site nor during the interview process.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were zero target residents identified by the site nor during the interview process.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were zero target residents identified by the site nor during the interview process.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were zero target residents identified by the site nor during the interview process.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were zero target residents identified by the site nor during the interview process.</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were zero target residents identified by the site nor during the interview process.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were zero target residents identified by the site nor during the interview process.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>1</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were zero target residents identified by the site nor during the interview process.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>One resident who reported prior sexual victimization was interviewed however it is not a part of the interview protocol for community confinement.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |

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| 71. Enter the total number of RANDOM STAFF who were interviewed: | 6 |
| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply) | <input type="checkbox"/> Too many staff declined to participate in interviews. <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other |
| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | All of the direct care staff at the site during the first and second day of the audit were interviewed. |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 17 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |
| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p> |

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| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | Investigations are conducted by the Department of Corrections. The auditor interviewed the DOC investigator. All direct care staff are considered first responders. There were no identified volunteers or contractors. |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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| 84. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|---|--|

Was the site review an active, inquiring process that included the following:

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| 85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | No text provided. |

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

| | |
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| 90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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|---|-------------------|
| 91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | No text provided. |
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|------------------------------------|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|---|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|---|--|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | There were no identified allegations of sexual abuse or sexual harassment. |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |
| Inmate-on-inmate sexual abuse investigation files | |
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |

| | |
|--|--|
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>There were no identified allegations of sexual abuse or sexual harassment.</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>There were no identified allegations of sexual abuse or sexual harassment.</p> |
| <p>SUPPORT STAFF INFORMATION</p> | |
| <p>DOJ-certified PREA Auditors Support Staff</p> | |

| | |
|--|---|
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

Non-certified Support Staff

| | |
|--|---|
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

AUDITING ARRANGEMENTS AND COMPENSATION

| | |
|---|---|
| <p>121. Who paid you to conduct this audit?</p> | <p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
|---|---|

| | |
|---|--|
| <p>Identify the name of the third-party auditing entity</p> | <p>Diversified Correctional Services</p> |
|---|--|

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

| | |
|---------|---|
| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Fellowship House Ministries is dedicated to assisting incarcerated person and persons in recovery from substance abuse and addictive behaviors (including the duly diagnosed) and their families.</p> <p>MISSION STATEMENT</p> <p>Fellowship House Ministries is called to:</p> <p>Live our faith in response to the Biblical directives to serve those in need. Act as a resource that will improve the quality of life within our community. Provide need-sensitive transitional housing for persons reentering society. Encourage our clients to make responsible life choices. Function as an efficient, effective business meeting the needs of our clients, staff, and community.</p> <p>OUR GOALS</p> <p>To provide shelter in a positive, drug-free and alcohol-free environment. To act as a liaison with other human-service agencies. To provide guidance in the development and implementation of needed life skills. To offer clients the time and support necessary to address the issues that placed them at the fringes of society.</p> <p>THE RESULTS</p> <p>In 1985 we started the outreach to families by sponsoring Prison Fellowship's "Project Angel Tree" in Connecticut, which provides Christmas gifts to the children of incarcerated parents. In 1990, we opened Fellowship House, an 11-bed work-release program for persons recently released from prison. In 1996, we opened 6 apartments dedicated to persons in recovery from substance abuse. In 1998, we opened Hamilton House, a 14-bed sober living rooming house.</p> <p>SUPPORT</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Organization Chart</p> <p>PREA Postings (English/Spanish)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.211(a). As reported in the PAQ, the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>Policy: The PREA Policy for FHM Services states that "FHM residential programs shall maintain a zero tolerance towards all forms of sexual abuse and sexual harassment. Any person who becomes aware of or suspects sexual abuse, or sexual harassment must report it immediately to the Program Director, on-call supervisor or higher authority" (p. 1).</p> <p>The policy further defines sexual abuse and sexual harassment as:</p> <p>A. SEXUAL ABUSE. For the purposes of this policy, sexual abuse shall be defined as the following conduct between persons regardless of gender. There are two categories of sexual abuse:</p> |

- 1) Sexual abuse of an inmate by another inmate includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - a) Any intentional touching or contact, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to physical altercation. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and:
- 2) Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate:
 - a) Any intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - b) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraph (a) of this section;
 - c) Any display by a staff member, contractor, vendor or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, and;
 - d) Voyeurism by a staff member, contractor, or volunteer.

B. SEXUAL HARASSMENT. Sexual Harassment is defined as repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by a staff member, contractor, volunteer, or another inmate directed toward an inmate.

The PREA postings not only provide information on the zero-tolerance policy, but it also states that disciplinary actions for violating the policy.

Documentation Reviewed

PREA Postings (English/Spanish)

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.211(b). As reported in the PAQ, the agency employs or designates an upper-level, agency-side PREA coordinator. It was further reported that PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator is the Lead Case Manager.

Policy: PREA Policy for FHM Services states that "PREA COORDINATOR

- 1) Lori Taber is the designated PREA coordinator. The PREA coordinator's responsibilities include:
 - a) Ensure compliance with the Prison Rape Elimination Act policies and standards
 - b) Develop and implement a PREA training plan.
 - c) Monitor intake screening procedures.
 - d) Ensure all incidents of sexual abuse are referred to the appropriate law enforcement authorities.
 - e) Ensure reports and investigations are conducted on all incidents of sexual abuse or sexual harassment.
 - f) Maintain data collection of incidents and coordinate reporting of such to DOC.
 - g) Review all incidents and take appropriate actions to prevent any future occurrences.

Documentation Reviewed

Organizational Chart

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that they have enough time to manage all of their PREA

related responsibilities. The coordinator reported that they manage the agencies efforts to comply with the PREA standards by meeting with every resident during intake and complete 30 day follow up with residents, train new staff and refresher training for staff every two years. If there is an issue complying with the PREA standards, the coordinator reported that they would communicate with the Program Director and Executive Director to ensure compliance is met.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

| | |
|---------|--|
| 115.212 | Contracting with other entities for the confinement of residents |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>FHM Contract</p> <p>Interviews:</p> <p>Agency Contract Administrator</p> <p>Findings (By Provision):</p> <p>115.212 (a). As reported in the PAQ, the agency has entered or renewed any contract for the confinement of residents. After further review it was determined that FHM is the contracted provider for the Connecticut Department of Corrections. They do not have a contract with another entity house their residents.</p> <p>The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 0.</p> <p>The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.</p> <p>Documentation Reviewed</p> <p>FHM Contract</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.212 (b). As reported in the PAQ, the agency has entered or renewed any contract for the confinement of residents. After further review it was determined that FHM is the contracted provider for the Connecticut Department of Corrections. They do not have a contract with another entity house their residents.</p> <p>The number of contracts referenced in 115.212 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0.</p> <p>Interviews</p> <p>Agency Contract Administrator – The interviewed staff reported that FHM services as no confinement services or contract for confinement services. The site only offers work release. The FHM is the contracted site for the Connecticut Department of Corrections (CDOC). As a contracted entity they are audited by the CDOC.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.212(c). As reported in the PAQ, the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |

| | |
|---------|--|
| 115.213 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Organization Chart</p> <p>Employee PREA Training Acknowledgement (blank)</p> <p>2022 Staffing Plan</p> <p>Interviews:</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.213(a). As reported in the PAQ, the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 28. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 45.</p> <p>Policy: The PREA Policy for FHM Services states that “The facility shall develop a staffing plan to provide adequate staffing levels and where applicable, video monitoring to ensure staff and resident safety and to protect residents against sexual abuse. When developing the staffing plan, the facility shall take into account the layout, composition of the resident population, and any other relevant factors. Anytime the staffing plan is deviated from, the facility shall document the deviation and justify the reason. Whenever necessary, but at least once a year, the PREA Coordinator shall, in conjunction with the Program Directors assess, determine and document whether adjustments are needed to the staffing plan, video and other monitoring technology, and the resources the facility has available to adhere to the staffing plan (pp. 1-2).</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 18.</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 18.</p> <p>Documentation Reviewed</p> <p>2022 Staffing Plan</p> <p>Interviews</p> <p>Director or Designee – The interviewed director reported that the facility has a staffing plan. When creating a staffing plan, we always plan for a minimum of two staff on schedule at all times to monitor offenders. Further, regular tours and counts are mandatory. All staff are trained and instructed to monitor camera systems while in the office with emphasis on offender movement within the building. The staffing plan is a part of the master contract with CTDOC and is updated as necessary.</p> <p>When assessing adequate staffing levels, the following is addressed. Each building is fairly small, and all common areas are monitored in person and by camera. We would change the position of any camera if any changes to the building were to be made. If deemed necessary, we would increase the number of cameras to the building were to be made. If necessary, we would increase the staffing level for more closely monitoring cameras. As an agency we continually review incidents and stand ready to change the staffing plan. The staffing plan is reviewing by assessing the weekly schedule of all employees and review sign in and sign out logs for adherence to the schedule.</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that staffing levels are assessed, and the assessment will include the need for video monitoring, physical layout of facility, resident population, and any allegations of sexual abuse or sexual harassment. The facility is a small program with a minimum of 1 staff on site.</p> |

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.213(b). N/A-As reported in the PAQ, there were no deviations in the staffing plan.

Policy: The PREA Policy for FHM Services states that "Anytime the staffing plan is deviated from, the facility shall document the deviation and justify the reason. Whenever necessary, but at least once a year, the PREA Coordinator shall, in conjunction with the Program Directors assess, determine and document whether adjustments are needed to the staffing plan, video and other monitoring technology, and the resources the facility has available to adhere to the staffing plan (pp. 1-2).

Interviews

Director or Designee – The interviewed director reported that the facility documents all instances of non-compliance with the staffing plans. We would document any deviation from the approved schedule and notify the program director if there is a deficiency. The program director would notify CTDOC of any deficiency and the explanation for the same.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.213(c). As reported in the PAQ, at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

Policy: The Supervision and Monitoring-Staff Policy states that "whenever necessary, but no less frequently than once each year, Connecticut Renaissance shall assess for each Residential Drug Treatment and Community Work Release facility staffing patterns and determine if any adjustments need to be made. The assessment of the staffing plan will be documented. The assessment will be used to identify adjustments that need to be made to ensure sexual safety of residents and protection from retaliation if reports are received or an investigation conducted" (p. 1).

Documentation Reviewed

2022 Staffing Plan

Camera Locations

Staffing Schedules

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the staffing plan is reviewed by the Executive Director and Department of Corrections.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

| | |
|---------|---|
| 115.215 | Limits to cross-gender viewing and searches |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>PREA Training Curriculum</p> <p>Interviews:</p> <p>Resident Interview Questionnaire (10)</p> <p>Random Sample of Staff (6)</p> <p>Findings (By Provision):</p> <p>115.215 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>Policy: The PREA Policy for FHM Services states that “Cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a cross gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report. All staff shall be trained to conduct all strip searches in a professional and respectful manner” (p.3).</p> <p>In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0</p> <p>In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.215 (b). NA-the facility houses male residents.</p> <p>115.215 (c). As reported in the PAQ, the facility policy does not require that all cross-gender strip searches and cross-gender visual body cavity searches be documented. The facility does not house female residents. However, after further review the below referenced policy provides guidance on exigent circumstances.</p> <p>Policy: The PREA Policy for FHM Services states that “Cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a cross gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report. All staff shall be trained to conduct all strip searches in a professional and respectful manner” (p.3).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.215 (d). As reported in the PAQ, the facility has not implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>However, after further review it appears that the policy does provide for residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).</p> <p>Policy: The PREA Policy for FHM Services states that “All residents shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing” (p. 3).</p> |

Interviews

Resident Interview Questionnaire – Nine of the ten interviewed residents reported that female staff announce their presence when entering the housing area. The residents reported that the staff will knock before entering an area. All of the interviewed residents reported that they are never naked in full view of opposite gender staff.

Random Sample of Staff – The interviewed staff reported that opposite gender staff announce themselves when entering the housing area. It was further reported that residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

PREA Audit Site Review: During the onsite inspection the auditor observed that the site has single bathroom usage.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.215 (e). As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. There were zero reported searches that occurred in the last 12 months.

Policy: The PREA Policy for FHM Services states that "the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining genital status" (p. 3).

Interviews

Random Sample of Staff – The interviewed staff reported that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.215 (f). As reported in the PAQ, 0% of staff who have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional manner with security needs. Upon further review it was determined that the staff receive cross gender pat frisk training during the new hire and annual PREA training.

Policy: The PREA Policy for FHM Services states that "Cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a cross gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report. All staff shall be trained to conduct all strip searches in a professional and respectful manner" (p.3).

Documentation Reviewed

PREA Training Curriculum

PREA Training Records

Interviews

Random Sample of Staff – All but one of the interviewed staff reported that they have received training on how to conduct cross gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner. The staff further reported that they were recently trained.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

| 115.216 | Residents with disabilities and residents who are limited English proficient |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 329 775 356">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 387 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 445 679 472">Policy: Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 504 352 530">Interviews:</p> <p data-bbox="240 562 379 589">Agency Head</p> <p data-bbox="240 620 491 647">Random Sample of Staff</p> <p data-bbox="240 678 483 705">Findings (By Provision):</p> <p data-bbox="240 736 1485 826">115.216 (a). As reported in the PAQ, the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 857 1485 1055">Policy: The PREA Policy for FHM Services states that All residents of the FHM residential programs will have every opportunity to participate in all aspects of sexual abuse, sexual harassment prevention, detection and response. Interpretation services will be provided as needed. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented" (p. 3).</p> <p data-bbox="240 1086 1469 1211">The agency/facility does not have a contract for interpretation services however utilizes the services provided to the court. The agency/facility has Interpretation information cards at all sites. The cards explain how to access the interpreter services along with accessing an interpreter and in need of accommodations because of a disability. A quick link to those services is www.jud.ct.gov/ADA/default.htm.</p> <p data-bbox="240 1243 347 1270">Interviews</p> <p data-bbox="240 1301 1414 1359">Agency Head – The interviewed agency head reported that the facility does not house residents with disabilities. If the resident speaks Spanish, the site offers pamphlets in Spanish and the site has bilingual staff.</p> <p data-bbox="240 1391 1485 1449">PREA Audit Site Review: During the onsite inspection the auditor observed written material available for residents in Spanish and English; along with information for interpreter services.</p> <p data-bbox="240 1480 1477 1538">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1570 1414 1659">115.216 (b). As reported in the PAQ, the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment.</p> <p data-bbox="240 1691 1485 1888">Policy: The PREA Policy for FHM Services states that All residents of the FHM residential programs will have every opportunity to participate in all aspects of sexual abuse, sexual harassment prevention, detection and response. Interpretation services will be provided as needed. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented" (p. 3).</p> <p data-bbox="240 1919 1477 1977">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 2009 1493 2134">115.216 (c). As reported in the PAQ, the agency policies prohibit other use of resident interpreters, resident readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the residents' allegations. Furthermore, the agency or facility documents the limited circumstances in individual cases where resident interpreters,</p> |

readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations: 0.

Policy: The PREA Policy for FHM Services states that All residents of the FHM residential programs will have every opportunity to participate in all aspects of sexual abuse, sexual harassment prevention, detection and response. Interpretation services will be provided as needed. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented" (p. 3).

Interviews

Random Sample of Staff – All of the interviewed staff reported that they have never seen the agency allow resident to serve as interpreters for each other. Most staff articulated that they would access an interpreter if needed.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.217 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Personnel:</p> <ul style="list-style-type: none"> · Employment Application Form II · Pre-Employment Questionnaire (13) · Background Checks (New Hire/Current 14) <p>5-year background checks (1)</p> <p>Memo: Regarding Volunteers or Contractors</p> <p>Reference Checks (2)</p> <p>Interviews:</p> <p>Administrative (Human Resources) Staff</p> <p>Findings (By Provision):</p> <p>115.217 (a). As reported in the PAQ, the agency policy does not prohibit hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2). <p>Policy: The PREA Policy for FHM Services states that "all employees of FHM residential programs shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by administrative staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity" (p. 3).</p> <p>A memo was provided indicating that "at no times does Fellowship House allow volunteers and or contractors to ever work independently with Offenders".</p> <p>Documentation Reviewed</p> <p>Pre-employment Questionnaire (13)</p> <p>Memo</p> <p>Corrective Action: During the onsite audit phase it was determined that the agency/facility does not have a process to that requires the employees to disclose any misconduct of a sexual nature. The facility will enter into a corrective action phase to create and implement a document that requires self-disclosure of prior sexual misconduct of applicants. The facility provided documentation by having all of the staff sign the pre-employment questionnaire. Documentation was provided.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> |

115.217 (b). As reported in the PAQ, the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Policy: The PREA Policy for FHM Services states that "all employees of FHM residential programs shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by administrative staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity" (p. 3).

Interviews

Administrative (Human Resources) Staff – The interviewed staff reported that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The Executive Director will review and make determination.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (c). As reported in the PAQ, the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 24.

Policy: The PREA Policy for FHM Services states that "all employees of FHM residential programs shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by administrative staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity" (p. 3).

There were two identified staff who had prior institutional employment.

Documentation Reviewed

Background Checks (14)

Reference Checks (2)

Interviews

Administration (Human Resources Staff): The interviewed staff reported that the facility conducts criminal background checks on all hired staff. It was further reported that no contractors are ever without staff escort.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (d). As reported in the PAQ, the agency policy does not require that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0.

A memo was provided indicating that "at no times does Fellowship House allow volunteers and or contractors to ever work independently with Offenders".

Documentation Reviewed

Memo

Interviews

Administration (Human Resources Staff): The interviewed staff reported that the facility conducts criminal background checks on all hired staff. It was further reported that no contractors are ever without staff escort.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (e). As reported in the PAQ, the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees.

Policy: The PREA Policy for FHM Services states that “all employees of FHM residential programs shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by administrative staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity” (p. 3).

A memo was provided indicating that “at no times does Fellowship House allow volunteers and or contractors to ever work independently with Offenders”.

Documentation Reviewed

Memo

Five-year background check

Interviews

Administrative (Human Resources) Staff – The interviewed staff reported that the executive director utilizes the CT judicial branch for criminal background checks. The background checks are conducted at a minimum of five years.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (f). The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Interviews

Administrative (Human Resources) Staff – The interviewed staff reported that in the employment application, we have an authorization form for background checks and offer an opportunity to disclose any and all misconduct. Upon application for employment and employment agreement, all employees are bound to truthfully answer all questions and affirm by signature their agreement to disclose any previous misconduct. Discovery of any misconduct not disclosed is grounds for immediate dismissal.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (g). As reported in the PAQ, the agency policy states that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Documentation Reviewed

Personnel Files (18)

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (h). Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Interviews

Administrative (Human Resources) Staff – The interviewed staff reported that the facility has never received a request from a former employee to provide information on substantiated or unsubstantiated allegations of sexual abuse or sexual harassment; however, if requested the facility will provide the information.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the

facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

Corrective Action: During the onsite audit phase it was determined that the agency/facility does not have a process to that requires the employees to disclose any misconduct of a sexual nature. The facility will enter into a corrective action phase to create and implement a document that requires self-disclosure of prior sexual misconduct of applicants. The facility provided documentation by having all of the staff sign the pre-employment questionnaire. Documentation was provided.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.218 | Upgrades to facilities and technology |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.218 (a). As reported in the PAQ, the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Policy: The PREA Policy for FHM Services states that “FHM residential programs will ensure any substantial modification of existing facility will consider the effect of the design or modification in protecting residents from sexual abuse. Any video equipment upgrade will also consider the program’s ability to protect residents from sexual abuse” (p. 4).</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head stated that there have been no modifications to the facility; however, if there was modifications consideration would be made to protect residents from sexual abuse.</p> <p>Director or Designee – The interviewed director reported that there have been no substantial expansions or modifications to the facility since August 20, 2012, or since the last audit. If there had been, we would consider appropriate layout and camera installation to protect all offenders from sexual abuse.</p> <p>PREA Audit Site Review: During the site inspection the auditor did not observe or see any updates, modifications or changes to the facility.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.218 (b). As reported in the PAQ, the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Interviews:</p> <p>Agency Head - The interviewed agency head stated that the facility has cameras in all common areas and exterior areas; and all staff is instructed on how to monitor the cameras.</p> <p>Director or Designee – The interviewed director reported that they have upgraded all cameras and deck to a high-resolution system for more viewing accuracy.</p> <p>PREA Audit Site Review: During the onsite inspection the auditor reviewed the camera monitoring system. The monitoring system is located in the staff office, so that staff can have constant camera monitoring throughout the facility.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |

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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Sexual Assault Crisis Center of Eastern Connecticut</p> <p>Interviews:</p> <p>Random Sample of Staff</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.221 (a). As reported in the PAQ, the agency/facility is not responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The local law enforcement is responsible for conducting criminal investigations. When conducting a sexual abuse investigation, the agency investigators do not follow a uniform evidence protocol.</p> <p>Policy: The PREA Policy for FHM Services has the following evidence protocol:</p> <p>Upon notification of any incident of sexual abuse or sexual assault, staff shall secure the scene of the incident, and at a minimum does not allow the alleged victim or alleged abuser to shower, toilet, eat, drink, or change clothes.</p> <p>Upon notification, the PREA Coordinator or designee will contact appropriate the appropriate law enforcement agency who will conduct and coordinate the investigation. The PREA Coordinator or designee shall, in conjunction with law enforcement staff make transportation arrangements for the alleged victim to receive appropriate medical care at a local hospital where SAFE/ SANE staff are available.</p> <p>Community based victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed.</p> <p>All incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level.</p> <p>The PREA coordinator will also ensure the CT Department of Correction (Parole) is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website (p. 4).</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse include remove the person from the area and get them to a safe location, secure the scene, and make sure no one contaminates the evidence. When probed, some of the ways it was described that the evidence would not get contaminated includes no showering, brushing teeth or changing clothes. When asked who conducts the interviews the residents reported the cops, program director, PREA Coordinator, and DOC.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.221 (b). NA-there are no youth housed at the placement.</p> <p>115.221 (c). As reported in the PAQ, the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are not offered without financial cost to the victim. Where possible, examinations are not conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.</p> |

Policy: The PREA Policy for FHM Services has the following evidence protocol states that the PREA Coordinator or designee shall, in conjunction with law enforcement staff make transportation arrangements for the alleged victim to receive appropriate medical care at a local hospital where SAFE/ SANE staff are available.

The number of forensic medical exams conducted during the past 12 months: 0

The number of exams performed by SANES/SAFEs during the past 12 months: 0

The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Documentation Reviewed

Sexual Assault Crisis Center of Eastern Connecticut

Review: Documentation to corroborate that all resident victims of sexual abuse have access to forensic medical examinations. Any available documentation that delineates responsibilities of outside medical and mental health practitioners.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (d). As reported in the PAQ, the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other mean. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Policy: The PREA Policy for FHM Services states that Community based victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed" (p. 4).

Documentation Reviewed

Sexual Assault Crisis Center of Eastern Connecticut

Interviews

PREA Coordinator – The Interviewed PREA Coordinator reported that the agency has a MOU with an outside victim advocacy center (Safe Futures) and the agency is a qualified victim services agency. The certification is verified by the Program.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (e). As reported in the PAQ, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Policy: The PREA Policy for FHM Services states that Community based victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed" (p. 4).

Documentation Reviewed

Sexual Assault Crisis Center of Eastern Connecticut

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the agency would use an outside victim advocate to provide emotional support, crisis intervention, information, and referrals during the forensic medical examination and investigatory process.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (f). As reported in the PAQ, if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

Documentation Reviewed

Sexual Assault Crisis Center of Eastern Connecticut

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (g). Auditor is not required to audit this provision.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Responding to Victims of Sexual Abuse</p> <p>PREA Incident Check Sheet</p> <p>Interviews:</p> <p>Agency Head</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.222 (a). As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0.</p> <p>In the past 12 months, the number of allegations resulting in an administrative investigation: 0.</p> <p>In the past 12 months, the number of allegations referred for criminal investigation: 0.</p> <p>Policy: The PREA Policy for FHM Services states that “all incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level. The PREA coordinator will also ensure the CT Department of Correction (Parole) is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website (p. 4).</p> <p>Interviews</p> <p>Agency Head – The interviewed staff reported that the agency ensures that administrative and criminal investigations are completed for all allegations of sexual abuse or sexual harassment. All allegations of sexual abuse or sexual harassment are conducted by the local police department and the Department of Corrections.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.222 (b). As reported in the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>Policy: The PREA Policy for FHM Services states that “all incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level. The PREA coordinator will also ensure the CT Department of Correction (Parole) is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website (p. 4).</p> <p>Documentation Reviewed</p> <p>PREA Incident Check Sheet</p> <p>Interviews</p> |

Investigative Staff – The outside interviewed investigator reported that the agency policies require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.222 (c). If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Documentation Reviewed

Website: Fellowship House Ministries

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.222 (d). Auditor is not required to audit this provision.

115.222 (e). Auditor is not required to audit this provision.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.231 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: The PREA Policy for FHM Services</p> <p>PREA Training Curriculum</p> <p>Training Acknowledgement/Training Records (18)</p> <p>Refresher Training (8)</p> <p>Interviews:</p> <p>Random Sample of Staff (6)</p> <p>Findings (By Provision):</p> <p>115.231 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.</p> <p>The agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>Policy: The PREA Policy for FHM Services states that:</p> <p>During employee orientation and annually, staff shall receive the following PREA training:</p> <p>The facility's zero tolerance for all forms of sexual abuse and sexual harassment;</p> <p>How to fulfill their responsibilities in regard to prevention, detection, reporting, and response;</p> <p>The resident's right to be free from of sexual abuse and sexual harassment;</p> <p>The resident's and staff member's right to be free from retaliation for reporting sexual abuse and sexual harassment</p> <p>The dynamics of sexual abuse and sexual harassment in residential settings,</p> <p>The common reactions of sexual assault or sexual abuse victims;</p> <p>How to avoid inappropriate relationships with residents;</p> <p>How to communicate effectively and professionally with all residents, and</p> <p>How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.</p> <p>Documentation Reviewed</p> <p>PREA Training Curriculum</p> <p>Training Records (18)</p> |

Interviews

Random Sample of Staff – All of the interviewed staff reported that they received training on the above-mentioned elements. The staff reported that they received as a new hire and an annual refresher. When probed the staff was able to describe various components of the training such as, signs to look out for if someone is being victimized, and some of the common reactions of sexual abuse victims.

Corrective Action: One staff who does not provide direct services for the residents, but their office is housed in the resident building received PREA Training in the post onsite audit phase.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.231 (b). As reported in the PAQ, the training is tailored to the gender of the residents at the facility.

Policy: The PREA Policy for FHM Services states that FHM only houses male residents and all PREA training is tailored to that gender. Mary Magdalene House only houses female residents and all PREA training is tailored to that gender (p. 5). The auditor reviewed the PREA training curriculum which provided information specific to the male population at the site.

Documentation Reviewed

PREA Training Curriculum

Training Records (18)

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.231 (c). As reported in the PAQ, in between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

During the onsite phase the auditor reviewed the PREA Training Curriculum, and it was determined that the curriculum covers all of the required elements of staff PREA training.

Documentation Reviewed:

Employee PREA Training Acknowledgment/Refresher Training (8)

PREA Training Curriculum

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.231 (d). The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Policy: The PREA Policy for FHM Services states that states that "Staff shall sign a training document acknowledging that they understand the training" (p. 5).

Documentation Reviewed

Employee PREA Training Acknowledgment (18)

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

115.231 (a) Corrective Action: One staff who does not provide direct services for the residents, but their office is housed in the resident building received PREA Training in the post onsite audit phase.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.232 | Volunteer and contractor training |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>PREA Visitor Acknowledgement</p> <p>Memo</p> <p>Findings (By Provision):</p> <p>115.232 (a). As reported in the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 0.</p> <p>Policy: The PREA Policy for FHM Services states that "All volunteers or contractors who will have unsupervised contact with residents will receive the same training as noted above for employees.</p> <p>All volunteers and contractors shall sign an acknowledgment that they have received PREA training and that they understand the PREA policy. Volunteers or contractors who have not had background checks conducted will not have contact with residents and will be escorted and supervised by a staff member at all times when in resident areas (p. 5).</p> <p>The facility provided a memo stating that at no time does Fellowship House allow volunteers and or contractors to ever work independently with Offenders.</p> <p>Documentation Reviewed</p> <p>Memo</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.232 (b). As reported in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. It was further reported that all volunteers and contracts receive the same training as employees.</p> <p>Policy: The PREA Policy for FHM Services states that "All volunteers or contractors who will have unsupervised contact with residents will receive the same training as noted above for employees.</p> <p>All volunteers and contractors shall sign an acknowledgment that they have received PREA training and that they understand the PREA policy. Volunteers or contractors who have not had background checks conducted will not have contact with residents and will be escorted and supervised by a staff member at all times when in resident areas (p. 5).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.232 (c). As reported in the PAQ, the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p>Policy: The PREA Policy for FHM Services states that "All volunteers or contractors who will have unsupervised contact with residents will receive the same training as noted above for employees.</p> <p>All volunteers and contractors shall sign an acknowledgment that they have received PREA training and that they understand the PREA policy. Volunteers or contractors who have not had background checks conducted will not have contact with residents and will be escorted and supervised by a staff member at all times when in resident areas (p. 5).</p> |

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.233 | Resident education |
| | Auditor Overall Determination: Exceeds Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Intake Records of Residents/Orientation Receipt (30)</p> <p>PREA Brochures/Posters/Handouts</p> <p>Resident Education Material</p> <p>Interviews</p> <p>Intake Staff</p> <p>Resident Interview Questionnaire (10)</p> <p>Findings (By Provision):</p> <p>115.233 (a). Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during past 12 months who were given this information at intake: 40.</p> <p>Policy: The PREA Policy for FHM Services states that "During intake orientation, all residents will receive a resident handbook, and a facility handout containing information about PREA. All residents shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information:</p> <p>The facility's zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse, sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; and agency policy and procedures for responding to such incidents.</p> <p>The resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA" (p. 5).</p> <p>Documentation Reviewed:</p> <p>Intake Records of Residents/Orientation Receipt (30)</p> <p>Interviews:</p> <p>Intake Staff – The interviewed intake staff reported that each resident is presented with PREA pamphlets and information on how to report incidents or suspicions of sexual abuse or harassment. The agency ensures that the residents are educated by going over the information during the intake process and screening. There are also PREA postings within each house.</p> <p>Resident Interview Questionnaire – All of the interviewed residents reported that when they first arrived at the facility there were given the rules against sexual abuse and sexual harassment. When probed the residents stated that the staff went over paperwork with them, and this occurred within the same day of placement. The residents further confirmed that they were informed of their right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and their right to not be punished for reporting sexual abuse or sexual harassment.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. that the facility is in compliance with the provisions of this standard.</p> <p>115.233 (b). As reported in the PAQ, the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months: 14. The number of residents transferred from a different</p> |

community confinement facility, during the past 12 months, who received refresher information: 14.

Policy: The PREA Policy for FHM Services states that "During intake orientation, all residents will receive a resident handbook, and a facility handout containing information about PREA. All residents shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information:

The facility's zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse, sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; and agency policy and procedures for responding to such incidents.

The resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA" (p. 5).

Documentation Reviewed

Intake Records of Residents/Orientation Receipt (30)

Interviews

Intake Staff – The interviewed staff reported that the agency ensures that the residents are educated by going over the information during the intake process and screening. There are also PREA postings within each house. Residents are made aware of their rights immediately or within 72 hours of transfer.

Resident Interview Questionnaire – The interviewed residents reported that they arrived at the facility within the last nine months. All of the interviewed had arrived within the last 12 months. All of the interviewed residents transferred from another facility.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.233 (c). As reported in the PAQ, resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Resident PREA education is available in formats accessible to all residents, including those who are deaf. Resident PREA education is available in formats accessible to all residents, including those who are visually impaired. Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.

Policy: The PREA Policy for FHM Services states that All residents of the FHM residential programs will have every opportunity to participate in all aspects of sexual abuse, sexual harassment prevention, detection and response. Interpretation services will be provided as needed. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented.

The policy further states that "the resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA" (p. 5).

Documentation Reviewed

PREA Education (English Spanish)

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.233 (d). As reported in the PAQ, the agency maintains documentation of resident participation in PREA education sessions.

Documentation Reviewed

Intake Records of Residents/Orientation Receipt (30)

115.233 (e). As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Documentation Reviewed

Brochures

Posters

Handouts

PREA Audit Site Review: During the onsite inspection the auditor observed PREA posters, resident handbooks, PREA brochures and information regarding the advocacy services throughout the common areas of all sites.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

The facility exceeded the requirements of the standard in that the residents consistently received the PREA education immediately (same day) of arrival to the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted

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| 115.234 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Investigative Staff (Outside agency)</p> <p>Findings (By Provision):</p> <p>115.234 (a). As reported in the PAQ, the agency does not conduct any sexual abuse or sexual harassment allegations investigations.</p> <p>Policy: PREA Policy for FHM Services states that “it is the policy of FHM residential programs that any criminal act is referred and reported to local law enforcement and the CT DOC (Parole) (p. 5).</p> <p>The facility does not have onsite investigations. The contracted agency Connecticut Department of Corrections conducts the investigations.</p> <p>Interviews</p> <p>Investigative Staff – The outside interviewed investigator reported that they have received training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center “Your Role in Responding to Sexual Abuse” and “Investigating Sexual Abuse in a Confinement Setting”. The training topics included:</p> <ul style="list-style-type: none"> · Techniques for interviewing sexual abuse victims · Proper use of Miranda and Garrity warnings · Sexual abuse evidence collection in confinement settings · The criteria and evidence required to substantiate a case for administrative or prosecution referral <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.234 (b). As reported in the PAQ, the agency does not conduct any sexual abuse or sexual harassment allegations investigations.</p> <p>Policy: PREA Policy for FHM Services states that “it is the policy of FHM residential programs that any criminal act is referred and reported to local law enforcement and the CT DOC (Parole) (p. 5).</p> <p>Interviews</p> <p>Investigative Staff – The outside interviewed investigator reported that they have received training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center “Your Role in Responding to Sexual Abuse” and “Investigating Sexual Abuse in a Confinement Setting”. The training topics included:</p> <ul style="list-style-type: none"> · Techniques for interviewing sexual abuse victims · Proper use of Miranda and Garrity warnings · Sexual abuse evidence collection in confinement settings · The criteria and evidence required to substantiate a case for administrative or prosecution referral <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.234 (c). As reported in the PAQ, the agency does not conduct any sexual abuse or sexual harassment allegations investigations.</p> |

investigations. The number of investigators currently employed who have completed the required training: 0.

Policy: PREA Policy for FHM Services states that "it is the policy of FHM residential programs that any criminal act is referred and reported to local law enforcement and the CT DOC (Parole) (p. 5).

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.234 (d). Auditor is not required to audit this provision.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.235 | Specialized training: Medical and mental health care |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Findings (By Provision):</p> <p>115.235 (a). N/A-the agency does not have onsite medical or mental health staff.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0.</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0</p> <p>Policy: The PREA Policy for FHM Services states that "FHM residential programs do not employ medical staff. All medical and mental health services are referred to Lawrence & Memorial Hospital or the CTDOC" (p. 6). The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0. The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0.</p> <p>The agency does not have any onsite medical or mental health staff. All services are with a community-based provider.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.235 (b). NA- the agency does not have onsite medical and mental health services.</p> <p>115.235 (c). NA- the agency does not have onsite medical and mental health services.</p> <p>115.235 (d). NA- the agency does not have onsite medical and mental health services.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |

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| 115.241 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Blank Screening Tool</p> <p>Blank Updated Tool</p> <p>Resident Completed Screening (30)</p> <p>Resident Completed Rescreening (28)</p> <p>Interviews</p> <p>Staff Responsible for Risk Screening</p> <p>Resident Interview Questions (10)</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.241 (a). As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Policy: The PREA Policy for FHM Services states that “all residents shall be assessed upon intake to an FHM residential program. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival” (p. 6).</p> <p>Interviews</p> <p>Staff Responsible for Risk Screening – The interviewed staff reported that all residents are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Resident Interview Questionnaire – All of the interviewed residents reported that on the first day at the facility they were asked questions like whether or not they had been in jail or prison before, whether they have been sexually abused, whether they identify as gay, lesbian, bisexual, or whether they may be in danger of sexual abuse. When probed two of the residents further stated that they think they were asked such questions but couldn’t recall which questions were asked.</p> <p>PREA Audit Site Review: During the onsite inspection a new intake arrived. The auditor observed staff go over the intake process to include the initial screening of the resident.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.241 (b). According to the PAQ, the policy requires that residents be screened for risk of sexual victimization or risk of sexual abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 40.</p> <p>Policy: The PREA Policy for FHM Services states that “all residents shall be assessed upon intake to an FHM residential program. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival” (p. 6).</p> <p>Documentation Reviewed</p> <p>Screening (30)</p> <p>Interviews</p> |

Staff Responsible for Risk Screening – The interviewed staff reported that the residents are screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

Resident Interview Questionnaire – All of the interviewed residents reported that on the first day at the facility they were asked questions like whether or not they had been in jail or prison before, whether they have been sexually abused, whether they identify as gay, lesbian, bisexual, or whether they may be in danger of sexual abuse. When probed two of the residents further stated that they think they were asked such questions but couldn't recall which questions were asked.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (c). As reported in the PAQ, the facility uses a risk assessment is conducted using an objective screening instrument.

Documentation Reviewed

PREA Screening Checklist-prior/updated

Corrective Action: The agency did not have an objective screening tool. The tool was updated and implemented. No further action is recommended.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (d). The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; and (9) The resident's own perception of vulnerability.

Policy: The PREA Policy for FHM Services states that "Resident screening shall be completed utilizing the FHM residential programs screening form(s) and shall at a minimum consider:

The resident's age, physical build;

Any physical, mental, or development disabilities;

If the resident has been previously incarcerated, or whether the resident has previously experienced sexual victimization;

The residents own perception of vulnerability;

If the resident is perceived as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

Any prior convictions for sex offenses against an adult or child (p. 6).

Corrective Action: During the pre-audit phase it was determined that the facility had a PREA screening tool (PREA Screening Checklist) did not cover all of the required elements to assess for risk of sexual victimization. The agency/facility updated the tool to cover all of the required elements.

Documentation Reviewed

PREA Screening Checklist-prior/updated

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that when conducting the initial screening; age, physical build of residents, criminal history, mental and developmental disabilities, sexual orientation, and vulnerability is considered. The PREA intake questionnaire is conducted by the PREA Coordinator.

Onsite Observation: While onsite the auditor was able to review the intake process. The auditor observed the staff review the content with the resident and then ask to follow up clarification questions.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (e). The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually

abusive.

During the pre-audit phase it was determined that the facility had a PREA screening tool (PREA Screening Checklist) did not cover all of the required elements to assess for risk of sexual victimization. The agency/facility updated the tool to cover all of the required elements.

Documentation Reviewed

PREA Screening Checklist -prior/updated

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that when conducting the initial screening; age, physical build of residents, criminal history, mental and developmental disabilities, sexual orientation, and vulnerability is considered. The PREA intake questionnaire is conducted by the PREA Coordinator.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (f). As reported in the PAQ, the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 0.

Policy: The PREA Policy for FHM Services states that "The resident shall be reassessed in 10 business days but no later than 30 days from arrival at the facility. Reassessment shall be noted in the Progress Notes of the resident's file" (p. 6).

Documentation Reviewed

PREA Screening Checklist-prior/updated (30)

Rescreening (30 Day Follow Up Review) (28)

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the residents are reassessed within 30 days of arrival.

Resident Interview Questionnaire – Four of the interviewed residents reported that they could not recall whether or not the staff have asked them the screening intake questions again since they have been here. It should also be noted that half of the interviewed residents had not been at the facility for 30 days for the reassessment.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (g). As reported in the PAQ, the policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Policy: The PREA Policy for FHM Services states that "The residents shall be reassessed in 10 business days but not later than 30 days from arrival at the facility. Reassessment shall be noted in the Progress Notes of the resident's file" (p. 6).

Documentation Reviewed

Rescreening (30 Day Follow Up Review) (28)

Interviews

Staff Responsible for Risk Screening -The interviewed staff reported that they would reassess a resident's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Resident Interview Questionnaire – Four of the interviewed residents reported that they could not recall whether or not the staff have asked them the screening intake questions again since they have been here. It should also be noted that half of the interviewed residents had not been at the facility for 30 days for the reassessment.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (h). As reported in the PAQ, the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

Policy: The PREA Policy for FHM Services states that "Residents will not be disciplined for refusing to answer or discuss information requested by the intake form" (p. 6).

Documentation Reviewed

PREA Screening Checklist-prior/updated (30)

Rescreening (30 Day Follow Up Review) (28)

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that residents are not disciplined in any way for refusing to respond to information on the assessment. Residents can disclose as much or as little information as they choose.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (i). The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the case files are secured and locked. Only the PREA Coordinator and Case Managers have access to the files.

Staff Responsible for Risk Screening – The interviewed staff reported that the agency outlines who can have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Resident files are locked and secured in the office resident and staff do not have access unless the PREA Coordinator is available.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

115.241 (c). Corrective Action: The agency did not have an objective screening tool. The tool was updated and implemented. No further action is recommended.

115.241 (d) Corrective Action: During the pre-audit phase it was determined that the facility had a PREA screening tool (PREA Screening Checklist) did not cover all of the required elements to assess for risk of sexual victimization. The agency/facility updated the tool to cover all of the required elements.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.242 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Staff Responsible for Risk Screening</p> <p>Findings (By Provision):</p> <p>115.242 (a). The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Policy: The PREA Policy for FHM Services states that “the facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming assignments” (p. 7).</p> <p>Interviews</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that the information from the risk screening is used to keep residents from being sexually victimized or being sexually abusive. Additionally, to determine for referrals for programs, housing/room assignments and observation during intake.</p> <p>Staff Responsible for Risk Screening – The interviewed staff reported that the agency uses the information from the risk tool to determine housing, room assignments, and if determined if outside programming is needed.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.242 (b). As reported in the PAQ, the agency/facility makes individualized determinations about how to ensure the safety of each resident.</p> <p>Policy: The PREA Policy for FHM Services states that “the facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming assignments” (p. 7).</p> <p>Interviews</p> <p>Staff Responsible for Risk Screening – The interviewed staff reported that the agency uses the information from the risk tool to determine housing, room assignments, and if determined if outside programming is needed.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.242 (c). As reported in the PAQ, the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.</p> <p>Policy: The PREA Policy for FHM Services states that “transgender and intersex residents' own views with respect to his or her safety shall be given serious consideration in housing assignments. Transgender and intersex residents shall be given the opportunity to shower separately from other residents, and shall not be placed in a dedicated unit solely based on their identification status” (p. 7)</p> <p>Interviews</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that anyone who identifies as being transgender or intersex will be in a less populated and more supervised section of the building. The agency considers whether the</p> |

placement will ensure the resident's health and safety, and if it is beneficial to the resident. Additionally, the agency will consider whether placement will ensure the health and safety of the resident.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.242 (d). A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

Policy: The PREA Policy for FHM Services states that "transgender and intersex residents' own views with respect to his or her safety shall be given serious consideration in housing assignments. Transgender and intersex residents shall be given the opportunity to shower separately from other residents, and shall not be placed in a dedicated unit solely based on their identification status" (p. 7)

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that transgender residents' views are taken into consideration when determining placement. Their roommates will be taken into consideration, and they will be in a less populated section of the building.

Staff Responsible for Risk Screening – The interviewed staff reported that transgender or intersex residents own view of his or her own safety is given consideration for the length of stay at the program.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.242 (e). Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Policy: The PREA Policy for FHM Services states that "transgender and intersex residents' own views with respect to his or her safety shall be given serious consideration in housing assignments. Transgender and intersex residents shall be given the opportunity to shower separately from other residents, and shall not be placed in a dedicated unit solely based on their identification status" (p. 7)

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the agency is not subject to a consent decree, legal settlement, or legal judgement.

Staff Responsible for Risk Screening – The interviewed staff reported that all residents are able to shower separately as the site has private bathrooms.

PREA Audit Site Review: When conducting the site inspection, the auditor did not observe any living units that appeared designated for transgender or intersex residents.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.242 (f). The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the agency is not subject to a consent decree, legal settlement, or legal judgement.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.251 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Random Sample of Staff (6)</p> <p>Resident Interview Questionnaire (10)</p> <p>Findings (By Provision):</p> <p>115.251 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Policy: The PREA Policy for FHM Services states that "At intake all residents will be advised of all reporting options available to report sexual abuse, sexual harassment, retaliation, staff neglect, or other violations that may have contributed to an incident through the Resident Handbook and the PREA Handout issued upon arrival" (p. 7).</p> <p>Documentation Reviewed</p> <p>Resident Handbook</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported various methods in which residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The various methods include to tell staff, call the hotline, notify police, notify the parole officer, or write a grievance.</p> <p>Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include tell staff, notify police, notify the parole officer, complete a grievance or call the hotline.</p> <p>PREA Audit Site Review: Make observations and ask questions per the tour instructions. Note observations, etc.</p> <p>Corrective Action: The resident handbook was missing some key information to inform residents of their rights on the agencies zero tolerance policy for sexual abuse and sexual harassment. During the post onsite audit phase, the handbook was updated. There is no further action needed.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.251 (b). As reported in the PAQ, the agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Staff are required to document verbal reports.</p> <p>Policy: The PREA Policy for FHM Services states that "Residents shall also receive information on how to privately report any such information to public or private agency while remaining anonymous. Residents may make anonymous reports by calling posted PREA contact numbers or by calling the FHM Administrative office" (p. 7).</p> <p>Documentation Reviewed</p> <p>Resident Handbook</p> <p>PREA Coordinator - The interviewed PREA Coordinator reported that the agency allows residents to report allegations of</p> |

sexual abuse or sexual harassment anonymously. There is a locked grievance/communication box that is checked daily. While onsite it was further reported that there have not been any PREA related grievances.

Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include tell staff, notify police, notify the parole officer, complete a grievance or call the hotline. Additionally, the residents reported that their conversation would remain confidential. It should be noted that residents have access to their own cell phone devices.

PREA Audit Site Review: The auditor observed PREA related brochures and handouts on the client board. Additionally, there was a locked grievance box in the common area.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.251 (c). As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports.

Policy: The PREA Policy for FHM Services states that "Residents shall also be notified that any staff member must accept and promptly document any report made verbally, in writing, anonymously, or from a third party. Staff have been informed through ongoing training that IMMEDIATE notification to their supervisor is necessary regarding any information related to PREA. The Supervisor will then ensure that the PREA Coordinator is informed immediately as well" (p. 7).

Random Sample of Staff – The interviewed staff reported that a resident who alleges sexual abuse, can do so verbally, in writing, anonymously and from a third party. When asked do you document the report, all of the staff stated yes. It was further reported that they would document immediately.

Resident Interview Questionnaire – All of the interviewed residents reported that they could make a report either in person or in writing. They further stated that family and friends could make a report for them if needed.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.251 (d). The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff can privately report by anonymous phone call, in writing to the PREA Coordinator, Department of Corrections or the State PREA Coordinator.

Policy: The PREA Policy for FHM Services states that "Staff members shall be provided a method to privately report sexual abuse or sexual harassment of residents. Staff members may report verbally or in writing to their program manager and/or to the Executive Director" (p. 7).

Interviews

Random Sample of Staff – The interviewed staff reported that they could privately report sexual abuse and sexual harassment of residents by calling the PREA hotline, notifying chain of command, or notify the PREA coordinator.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

115.251 (a). Corrective Action: The resident handbook was missing some key information to inform residents of their rights on the agencies zero tolerance policy for sexual abuse and sexual harassment. During the post onsite audit phase, the handbook was updated. There is no further action needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.252 | Exhaustion of administrative remedies |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 625 474">Policy: PREA Policy for FHM Services</p> <p data-bbox="240 506 483 533">Findings (By Provision):</p> <p data-bbox="240 564 1461 622">115.252 (a). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="240 654 1477 748">It should be noted that the auditor observed grievance during the site inspection. The facility reported that sexual abuse and sexual harassment allegations are not handled through the grievance system, they are immediately referred for investigations.</p> <p data-bbox="240 779 1449 806">Policy PREA Policy for FHM Services states that "PREA related issues are not subject to the grievance procedure" (p. 7).</p> <p data-bbox="240 837 1461 896">115.252 (b). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="240 927 1461 985">115.252 (c). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="240 1016 1461 1075">115.252 (d). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="240 1106 1477 1164">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1196 1461 1254">115.252 (e). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="240 1285 1461 1344">115.252 (f). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="240 1375 1461 1433">115.252 (g). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="240 1464 579 1491">Corrective Action and Conclusion</p> <p data-bbox="240 1523 1471 1581">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |

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| 115.253 | Resident access to outside confidential support services |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Memo: Sexual Assault Crisis Center of Eastern Connecticut</p> <p>Interviews:</p> <p>Resident Interview Questionnaire (10)</p> <p>Findings (By Provision):</p> <p>115.253 (a). As reported in the PAQ, the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>Policy: The PREA Policy for FHM Services states that "Residents are provided contact information to outside victim advocates and support services when requested. FHM residential programs have access to CONNSACS (Connecticut Sexual Assault Crisis Services) through an MOU with the CTDOD. Any resident may call the toll-free CONNSACS number at any time. Additionally, FHM has an executed MOA with Sexual Assault Crisis Center of Eastern Connecticut" (p. 7).</p> <p>Documentation Reviewed</p> <p>Memo: Sexual Assault Crisis Center of Eastern Connecticut</p> <p>Interviews</p> <p>Resident Interview Questionnaire – Four of the interviewed residents reported that they were aware of outside services that deal with sexual abuse if needed. Only three of them could name a specific place. One stated victim advocacy, one stated a group they attend, and the other reported that they heard of groups but nothing specific. Those several residents could articulate that the facility provided them with toll-free telephone numbers, but only one stated that they had mailing address for an advocacy or outside supportive services. It was further reported that if they wanted to talk to the outside services they could on their own as they had their own cell phones. The residents felt that they could have a private conversation and felt that the entire conversation could remain private.</p> <p>PREA Audit Site Review: The auditor observed victim advocacy and supportive services information throughout the facility.</p> <p>Recommendation: The auditor recommended that the site add the victim advocacy and supportive information to the resident handbook.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.253 (b). As reported in the PAQ, the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</p> <p>Policy: The PREA Policy for FHM Services states that "resident phone calls are not monitored or recorded. All calls are confidential" (p. 7).</p> <p>Documentation Reviewed</p> <p>Memo: Sexual Assault Crisis Center of Eastern Connecticut</p> |

Interviews

Resident Interview Questionnaire – Four of the ten interviewed residents reported being aware of outside services for sexual abuse. When asked if the conversation with the outside services could remain private the residents reported that the conversation would remain private, and one stated that the confidentiality would be limited if a crime was reported.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.253 (c). As reported in the PAQ, the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The facility has an MOA with the Sexual Assault Crisis Center of Eastern Connecticut. Upon review of the MOA with the Sexual Assault Crisis Center of Eastern Connecticut, it is found that the facility has a written agreement that the Sexual Assault Crisis Center of Eastern Connecticut can provide free, confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training.

Documentation Reviewed

Memo: Sexual Assault Crisis Center of Eastern Connecticut

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.254 | Third party reporting |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 625 474">Policy: PREA Policy for FHM Services</p> <p data-bbox="240 506 483 533">Findings (By Provision):</p> <p data-bbox="240 564 1477 685">115.254 (a). As reported in the PAQ, the agency or facility does not provide a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. However, the policy provides a method to receive third party reports.</p> <p data-bbox="240 716 1469 815">Policy: The PREA Policy for FHM Services states that Any third-party reports of sexual abuse may be made via telephone, fax, email, or in person. FHM Services is a contracted unit of the Connecticut Department of Corrections, and the facility address, telephone and facsimile numbers can be found on their website at: www.ct.gov/doc (p. 8).</p> <p data-bbox="240 846 501 873">Documentation Reviewed</p> <p data-bbox="240 904 839 931">Client PREA Brochure Acknowledgement (English/Spanish)</p> <p data-bbox="240 963 504 990">Website: www.ct.gov/doc</p> <p data-bbox="240 1021 1477 1079">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1111 584 1137">Corrective Action and Conclusion:</p> <p data-bbox="240 1169 1469 1227">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |

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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>PREA Incident Check Sheet</p> <p>Interviews:</p> <p>Random Sample of Staff (6)</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.261 (a). As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Policy: The PREA Policy for FHM Services states that “All staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to the Program Director or on-call supervisor immediately. Staff members shall not reveal any information related to the report to anyone other than the extent necessary” (p. 8).</p> <p>Documentation Reported</p> <p>PREA Incident Check Sheet</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The reporting procedure includes completing an incident report, notify the chain of command, and immediately report.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.261 (b). As reported in the PAQ, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Policy: The PREA Policy for FHM Services states that “staff members shall not reveal any information related to the report to anyone other than the extent necessary” (p. 8). The policy further states that “the PREA coordinator or designee will ensure appropriate law enforcement is contacted on all criminal matters for investigation. The CTDOC (Parole) shall also be notified of any incidents or allegations of sexual abuse or sexual harassment” (p. 8).</p> <p>Documentation Reviewed</p> <p>PREA Incident Check Sheet</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against</p> |

residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The reporting procedure includes completing an incident report, notify the chain of command, and immediately report.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.261 (c). Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The facility does not have onsite medical and mental health staff.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.261 (d). If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Interviews

Director or Designee – The interviewed director reported that the facility does not house offenders under 18; however, if they did, they would immediately contact local policy and CTDOC to investigate.

PREA Coordinator - The interviewed PREA Coordinator reported that no one under the age of 18 is housed at the facility.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.261 (e). The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Interviews

Director or Designee: The interviewed staff reported that any allegation would be immediately reported to the PREA Coordinator, and to the Program Director. The Program Director would contact CTDOC as well for a complete investigation.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.262 | Agency protection duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>PREA Incident Check Sheet</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director or Designee</p> <p>Random Sample of Staff (6)</p> <p>Findings (By Provision):</p> <p>115.262 (a). As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: 0.</p> <p>The longest amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). If not immediate, please explain in the comments section. N/A.</p> <p>Policy: The PREA Policy for FHM Services states that "Upon receiving any information that a resident is subject to any risk of sexual abuse the Program Director will be notified and appropriate action will be taken to protect the resident" (p. 8).</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that when learned that a resident is subject to a substantiated risk of imminent sexual abuse, the protective actions taken include offering a change in housing and increase supervision and monitoring.</p> <p>Director or Designee – The interviewed director reported that any offender deemed a high risk would be placed in our smaller building for housing and would be monitored more closely by staff.</p> <p>Random Sample of Staff – The interviewed staff reported that if they learn that a resident is of imminent risk of sexual abuse, they will respond immediately. The various response methods include notifying the supervisor, changing rooms if needed, closely monitor, increase monitoring and separate from others.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |

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| 115.263 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Agency head</p> <p>Director or designee</p> <p>Findings (By Provision):</p> <p>115.263 (a). As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.</p> <p>Policy: The PREA Policy for FHM Services states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the CTDOC (Parole) and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification” (p. 8).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.263 (b). As reported the PAQ, the Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Policy: The PREA Policy for FHM Services states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the CTDOC (Parole) and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification” (p. 8).</p> <p>115.263 (c). As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Policy: The PREA Policy for FHM Services states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the CTDOC (Parole) and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification” (p. 8).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.263 (d). As reported in the PAQ, the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:</p> <p>0.</p> <p>Policy: The PREA Policy for FHM Services states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the CTDOC (Parole) and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification” (p. 8).</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:</p> <p>Interviews</p> |

Agency head – The interviewed agency head reported that if another agency or facility refers an allegation of sexual abuse or sexual harassment that occurred, the PREA coordinator would serve as the point of contact.

Director or designee - The interviewed staff reported that if the facility receives an allegation from another facility. The facility would immediately follow all investigative protocols and protect any evidence we may have. We would contact local police as well as SCTOC immediately as directed. There have been no allegations of sexual abuse reported from another agency.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.264 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Security Staff and Non-Security Staff First Responders (6)</p> <p>Findings (By Provision):</p> <p>115.264 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p>Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0</p> <p>In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0.</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0.</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.</p> <p>Policy: The PREA Policy for FHM Services states that</p> <p>Reporting Duties: All staff must immediately report to the Program Manager/supervisory designee, the Executive Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding:</p> <ul style="list-style-type: none"> · An incident of sexual abuse or sexual harassment that occurred in the program; · Retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment; · Any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. <p>All reports of sexual abuse and sexual harassment that are received from third parties must be received and responded to</p> |

according to policy by all staff.

As soon as practical, FHM must report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation:

Call 911 to obtain transportation for the resident to Lawrence & Memorial Hospital, which is PREA compliant;

When a resident state they have been sexually abused, staff must request that the resident not take any action that could destroy physical evidence, including washing, drinking or eating, unless medically indicated; If toileting needs to take place, the resident should be instructed to not wipe;

The Program Manager/supervisory designee must contact The Center for Family Justice to arrange for a sexual assault advocate to go to the hospital where the resident is being transported.

All allegations of sexual harassment must be reported for investigation to the PREA Coordinator:

Allegations of sexual harassment between residents will be reported for investigation by program staff;

Allegations of sexual harassment of residents by staff will be reported for investigation by the Administrative Office of FHM Services.

Upon receiving an allegation that a resident was sexually abused while residing at an FHM program, the staff receiving this information must immediately notify the PREA Coordinator, the Program Manager or a supervisor, manager, or senior management staff.

The person receiving such notice will immediately notify the PREA Coordinator if the PREA Coordinator was not initially notified;

The senior management of FHM must, a) Institute the Incident Report process and b) call the local authorities to begin a criminal investigation.

Upon receiving an allegation that a resident was sexually abused the Supervisor/Manager receiving this information must immediately notify the PREA Coordinator and document such report and notification in the facility log:

The PREA Coordinator will keep a record of the details of the notification, including: All persons notified;

Date and time of notification;

Date and time notice of allegation was received; Any details of the allegation.

If the allegations of sexual abuse are reported to staff after the alleged victim has been transported to a medical facility, staff must:

Notify the receiving facility of the allegation of sexual abuse and the victim's potential need for medical or social services unless the victim has requested otherwise; Complete an Incident Report in accordance with FHM procedures.

Interviews

Security Staff and Non-Security Staff First Responders/Random Sample of Staff – The interviewed staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility is to secure the area, take down information, take the victim to a safe location, maintain constant supervision of the clients, and notify the supervisor. Such actions would be taken immediately. When asked who they would not share the information with the responses varied from other staff and clients.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.264 (b). As reported in the PAQ, the agency policy does not require that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0.

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: N/A.

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified

security staff: N/A.

Interviews

Security Staff and Non-Security Staff First Responders/Random Sample of Staff – The interviewed staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility is to secure the area, take down information, take the victim to a safe location, maintain constant supervision of the clients, and notify the supervisor. Such actions would be taken immediately. When asked who they would not share the information with the responses varied from other staff and clients.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.265 | <p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.265 (a). As reported in the PAQ, the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The PREA Policy for FHM Services provides the coordinated actions to respond to an incident of sexual abuse (pp. 8-9).</p> <p>Interviews</p> <p>Director or Designee – The interviewed director reported that the facility has a plan to coordinate actions among staff first responders, medical and mental health, investigators and facility leadership. We utilize the PREA response checklist to systematically and safely respond to all incidents. All employees of FHM are trained in the use of the checklist for a complete and proper response and investigation.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |
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| 115.266 | Preservation of ability to protect residents from contact with abusers |
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| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 986 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="242 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="242 389 552 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="242 448 354 474">Interviews:</p> <p data-bbox="242 506 379 533">Agency Head</p> <p data-bbox="242 564 481 591">Findings (By Provision):</p> <p data-bbox="242 622 1490 712">115.266 (a). The agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p data-bbox="242 743 347 770">Interviews</p> <p data-bbox="242 801 1490 896">Agency Head – The interviewed agency head reported that the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit.</p> <p data-bbox="242 927 1477 985">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="242 1016 874 1043">115.266 (b). N/A- Auditor is not required to audit this provision.</p> <p data-bbox="242 1075 584 1102">Corrective Action and Conclusion:</p> <p data-bbox="242 1133 1471 1191">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |

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| 115.267 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 329 777 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 387 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 445 625 474">Policy: PREA Policy for FHM Services</p> <p data-bbox="240 504 427 533">Camera Locations</p> <p data-bbox="240 562 352 591">Interviews:</p> <p data-bbox="240 620 379 649">Agency Head</p> <p data-bbox="240 678 464 707">Director or Designee -</p> <p data-bbox="240 736 1145 766">Designated Staff Member Charged with Monitoring Retaliation (or Director if non available)</p> <p data-bbox="240 795 483 824">Findings (By Provision):</p> <p data-bbox="240 853 1485 943">115.267 (a). As reported in the PAQ, the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p data-bbox="240 972 1493 1196">Policy: The PREA Policy for FHM Services states that It is the FHM residential programs policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff. The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended shall be extended throughout the resident's stay if there is a continuing need. The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety (p. 10).</p> <p data-bbox="240 1225 1477 1285">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1314 1461 1442">115.267 (b). As reported in the PAQ, the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="240 1471 347 1500">Interviews</p> <p data-bbox="240 1529 1414 1590">Agency Head – The interviewed agency head reported that the agency protects residents and staff from retaliation for reporting sexual abuse and sexual harassment through training and monitoring communication during staff meetings.</p> <p data-bbox="240 1619 1453 1783">Director or Designee - The interviewed director reported that the different measures that can be taken to protect residents and staff from retaliation include, once safety and separation is established, and all necessary parties are contacted, we would change the housing of offender (perhaps even to another program), CTDOC may remove an offender accused of sexual harassment. An employee accused of sexual harassment would be placed on administrative leave pending the outcome of the investigation.</p> <p data-bbox="240 1812 1481 2042">Designated Staff Member Charged with Monitoring Retaliation (or Director if non available) – The interviewed staff reported that as the PREA Coordinator the staff as well as themselves will monitor for retaliation. The staff reported that they will monitor residents closely, observe and listen to residents while in the main common areas, increase house tours, and communicate with Parole to see if a transfer is deemed necessary. If staff is involved in any PREA incident, they are placed on administrative leave and if residents are involved, they are removed from the program. If a resident reports sexual abuse; during the intake process, we will offer residents counseling from outside sources. They are monitored for the length of the stay during case managers weekly meetings.</p> <p data-bbox="240 2072 1477 2132">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> |

115.267 (c). As reported in the PAQ, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility continues such monitoring the length of stay.

The number of times an incident of retaliation occurred in the past 12 months: 0.

Policy: The PREA Policy for FHM Services states that It is the FHM residential programs policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff. The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended shall be extended throughout the resident's stay if there is a continuing need. The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety (p. 10).

Interviews

Director or Designee – The interviewed director reported that in the case of an offender accused of retaliation, FHM would request a program transfer for the offender. In the case of an employee accused of sexual harassment would be placed on administrative leave pending the outcome of the investigation.

Designated Staff Member Charged with Monitoring Retaliation (or Director if non available) – The interviewed staff reported that if there is a staff allegation we will look to see if staff is negatively focusing on the client (i.e., More write ups). If it is an inmate-to-inmate retaliation, we will monitor changes of behavior and character, also change of routine (i.e., stays in room more, stays around staff more). For the residents we monitor for the length of the stay of the program. For staff we monitor until there is a final verdict in the disposition. If there is concern that potential retaliation may occur, we would monitor the residents for the length of staff at the program.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.267 (d). In the case of residents, such monitoring shall also include periodic status checks.

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Director if non available) - The interviewed staff reported that if there is a staff allegation we will look to see if staff is negatively focusing on the client (i.e., More write ups). If it is an inmate-to-inmate retaliation, we will monitor changes of behavior and character, also change of routine (i.e., stays in room more, stays around staff more).

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.267 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Interviews

Agency Head – The interviewed agency head reported that if an individual who cooperates with an investigation expresses a fear of retaliation, appropriate housing changes and separation, along with increased supervision and monitoring. If applicable transfer to another facility may occur.

Director or Designee - The interviewed director reported that the different measures that can be taken to protect residents and staff from retaliation include, once safety and separation is established, and all necessary parties are contacted, we would change the housing of offender (perhaps even to another program), CTDOC may remove an offender accused of sexual harassment. An employee accused of sexual harassment would be placed on administrative leave pending the outcome of the investigation.

The interviewed director reported that in the case of an offender accused of retaliation, FHM would request a program transfer for the offender. In the case of an employee accused of sexual harassment would be placed on administrative leave pending the outcome of the investigation.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.267 (f). N/A the auditor is not required to audit this provision.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.271 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Policy: The PREA Policy for FHM Services states that:</p> <p>CRIMINAL AND ADMINISTRATIVE AGENCY INVESTIGATIONS</p> <p>The PREA Coordinator or designee shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party.</p> <p>Any allegation determined to be criminal in nature shall be immediately reported to law enforcement for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident.</p> <p>An administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident.</p> <p>A criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation (p. 11).</p> <p>Interviews</p> <p>Investigative Staff – The outside interviewed investigator reported that fact gathering preliminary investigations (Incident Reports) are immediately initiated at the facility. Those resulting in Administrative Investigations are normally completed within 60 days. Anonymous reports are handled in the same manner and priority as any other reported allegation. They are also investigated the same way.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.271 (b). As reported in the PAQ, the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Interviews</p> <p>Investigative Staff – The outside interviewed investigator reported that they have received training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center "Your Role in Responding to Sexual Abuse" and "Investigating Sexual Abuse in a Confinement Setting".</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.271 (c). Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and</p> |

DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Interviews

Investigative Staff - The outside interviewed investigator reported that the first steps in initiating an investigation. The steps include separation of victim and abusers. Preserving evidence. Provide services. These are initiated immediately following an allegation. Completed incident reports are forwarded to agency's PREA Coordinator for review and recommendations. When Agency Head or Designee authorize an administrative investigation, a case number is generated and completed package assigned to a PREA Unit Investigator for final findings. Time between reporting and assignments vary based on administration reviews and/or pending criminal disposition.

The investigation process states that incidents are forwarded up the chain of command and authorized for investigation by the PREA Unit. Additional statements and interviews are then gathered and conducted with parties involved. Referrals to CSP made for allegations that appear to be criminal. Findings are concluded and investigation submitted to administration for approval. Closure and findings notifications made to parties involved.

Direct and circumstantial evidence includes the following: Direct physical evidence (clothing or DNA) will be collected at the facility by staff or CSP along with hospital personnel. Statements, video recordings, interviews, historical information regarding prior allegations not yet obtained will be gathered during investigation.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (d). When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Interviews

Investigative Staff – The outside interviewed investigator reported that they have received training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center "Your Role in Responding to Sexual Abuse" and "Investigating Sexual Abuse in a Confinement Setting".

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (e). The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. However, it should be noted that law enforcement would conduct the interviews.

Interviews

Investigative Staff - The outside interviewed investigator reported that the credibility of an alleged victim, suspect, or witness is done specifically for that person, and not by whether he or she is an inmate or a staff member. Inmates are not subject to polygraph test. The investigation will move forward regardless of whether a polygraph is undergone.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (f). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Interviews

Investigative Staff – The interviewed staff reported that the following efforts are made during the administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse states that the reviews are submitted incident reports and conduct interviews to determine if any actions or lack of actions contributed to the sexual abuse. Facts gathered from incident reports, interviews and statements, video recordings. Findings of allegations along with recommendations if warranted.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard

115.271 (g). Criminal investigations shall be documented in a written report that contains a thorough description of physical,

testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Interviews

Investigative Staff – The outside interviewed investigator reported that criminal investigations are documented and kept with Connecticut State Patrol (CSP) only.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (h). As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were zero number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

Policy: PREA Policy for FHM Services states that “a criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation” (p. 11).

Interviews

Investigative Staff - The outside interviewed investigator reported that referrals for prosecution are made by CSP.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (i). As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (j). The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interviews

Investigative Staff - The outside interviewed investigator reported that Investigation still moves forward despite the employee's employment status.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (k). Auditor is not required to audit this provision.

115.271 (l). When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Interviews

Director or Designee – The interviewed director reported that if an outside agency conducts the investigation, we will remain in contact by telephone, email and in person as necessary.

PREA Coordinator – The interviewed PREA Coordinator reported that if an outside agency investigates allegations of sexual abuse, they will remain informed via email and the telephone.

Investigative Staff - The outside interviewed investigator reported that they conduct investigations for the contracted Community Confinement Sites. It was further reported that if state patrol conducts the investigation, they will assist CSP in whatever capacity is requested. Coordinating interviews. Provide movement information on involved parties. Act as a liaison for information.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.



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| 115.272 | <p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Investigative</p> <p>Findings (By Provision):</p> <p>115.272 (a). As reported in the PAQ, the agency does not impose a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy: The PREA Policy for FHM Services states that "the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated" (p. 11).</p> <p>Interviews</p> <p>Investigative Staff – The interviewed investigator reported that a preponderance of evidence is used to determine whether an incident was more likely to have occurred.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |
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| 115.273 | Reporting to residents |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="242 329 777 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="242 387 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="242 445 625 474">Policy: PREA Policy for FHM Services</p> <p data-bbox="242 504 528 533">PREA Incident Check Sheet</p> <p data-bbox="242 562 967 591">Documentation Review Worksheet (Investigation and Response Record)</p> <p data-bbox="242 620 352 649">Interviews:</p> <p data-bbox="242 678 325 707">Director</p> <p data-bbox="242 736 424 766">Investigative Staff</p> <p data-bbox="242 795 483 824">Findings (By Provision):</p> <p data-bbox="242 853 1484 943">115.273 (a). As reported in the PAQ, the agency has a policy requiring that any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p data-bbox="242 972 1441 1037">The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0.</p> <p data-bbox="242 1066 1452 1131">Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: N/A.</p> <p data-bbox="242 1160 1469 1317">Policy: The PREA Policy for FHM Services states that "It is the policy of FHM residential programs that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report" (p. 11).</p> <p data-bbox="242 1346 501 1375">Documentation Reviewed</p> <p data-bbox="242 1404 528 1433">PREA Incident Check Sheet</p> <p data-bbox="242 1462 967 1491">Documentation Review Worksheet (Investigation and Response Record)</p> <p data-bbox="242 1520 1477 1585">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="242 1615 1431 1680">115.273 (b). As reported in the PAQ if an outside entity conducts the investigation, the agency will request the relevant information from the investigation entity in order to inform the resident of the outcome of the investigation.</p> <p data-bbox="242 1709 1485 1774">The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0</p> <p data-bbox="242 1803 1489 1892">Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A no investigations by the outside agency.</p> <p data-bbox="242 1921 1445 2033">Policy: The PREA Policy for FHM Services states that "a criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation" (p. 11).</p> <p data-bbox="242 2040 347 2069">Interviews</p> <p data-bbox="242 2098 1452 2163">Director or Designee – The interviewed director reported that the facility would notify the offender if the results of a sexual abuse allegation; with the consent of CTDOC.</p> |

Investigative Staff – The interviewed investigator reported that inmates are informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.273 (c). As reported in the PAQ, following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless unfounded) whenever:

§ The staff member is no longer posted within the residents unit;

§ The staff member is no longer employed at the facility;

§ The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or

§ The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy: The PREA Policy for FHM Services states that "It is the policy of FHM residential programs that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report" (p. 11).

Documentation Reviewed

PREA Incident Check Sheet

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.273 (d). As reported in the PAQ, the following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whomever the agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy: The PREA Policy for FHM Services states that "It is the policy of FHM residential programs that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report" (p. 11). Furthermore, the facility reported that they would use the Documentation Review Worksheet (Investigation and Response Record) form to notify the victim.

Documentation Reviewed

Documentation Review Worksheet (Investigation and Response Record)

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.273 (e). As reported in the PAQ, the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0.

Of those notifications made in the past 12 months, the number that were documented: 0.

Policy: The PREA Policy for FHM Services states that "all victim notifications will be documented in an incident report" (p. 11).

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.273 (f). The auditor is not required to audit this provision of the standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in

compliance with the provisions of this standard. No corrective action is warranted

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| 115.276 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 329 775 356">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 387 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 445 624 472">Policy: PREA Policy for FHM Services</p> <p data-bbox="240 504 483 530">Findings (By Provision):</p> <p data-bbox="240 562 1449 620">115.276 (a). As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 651 1425 777">Policy: The PREA Policy for FHM Services states that "Any staff member found in violation of sexual assault will be terminated immediately. Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination. Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns (p. 11).</p> <p data-bbox="240 808 1477 866">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 898 1485 1090">115.276 (b). As reported in the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.</p> <p data-bbox="240 1122 1425 1247">Policy: The PREA Policy for FHM Services states that "Any staff member found in violation of sexual assault will be terminated immediately. Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination. Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns (p. 11).</p> <p data-bbox="240 1279 1477 1337">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1368 1485 1462">115.276 (c). The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="240 1494 1449 1552">In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0.</p> <p data-bbox="240 1583 1425 1709">Policy: The PREA Policy for FHM Services states that "Any staff member found in violation of sexual assault will be terminated immediately. Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination. Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns (p. 11).</p> <p data-bbox="240 1740 1477 1798">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1830 1493 1995">115.276 (d). As reported in the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.</p> <p data-bbox="240 2027 1425 2152">Policy: The PREA Policy for FHM Services states that "Any staff member found in violation of sexual assault will be terminated immediately. Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination. Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns (p. 11).</p> |

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.277 | Corrective action for contractors and volunteers |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Director or Designee</p> <p>Findings (By Provision):</p> <p>115.277 (a). Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0.</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.</p> <p>Policy: The PREA Policy for FHM Services states that "Any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contacted unless the activity is determined to be non-criminal. Appropriate remedial measures will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer on non-criminal incidents" (p. 12).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>15.277 (b). As reported in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy: The PREA Policy for FHM Services states that "appropriate remedial measures will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer on non-criminal incidents" (p. 12).</p> <p>Interviews</p> <p>Director or Designee – The interviewed staff reported that if there is a violation of agency sexual abuse or sexual harassment by a contractor or volunteer the person would immediately remove from the building and contact local police. We would not allow the contractor on the premises again and would refer the matter to the local police department.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> |

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| 115.278 | Disciplinary sanctions for residents |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 625 474">Policy: PREA Policy for FHM Services</p> <p data-bbox="240 506 967 533">Documentation Review Worksheet (Investigation and Response Record)</p> <p data-bbox="240 564 489 591">Code of Penal Discipline</p> <p data-bbox="240 622 352 649">Interviews:</p> <p data-bbox="240 680 451 707">Director or Designee</p> <p data-bbox="240 739 483 766">Findings (By Provision):</p> <p data-bbox="240 797 1485 918">115.278 (a). As reported in the PAQ, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 949 1469 1008">In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0.</p> <p data-bbox="240 1039 1485 1097">In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.</p> <p data-bbox="240 1128 1469 1223">Policy: The PREA Policy for FHM Services states that “residents will be subject to disciplinary sanctions or remanded back to the CTDOC following an administrative finding that the resident engaged in sexual assault, sexual abuse or sexual harassment of another resident. Any resident criminally charged will be returned to the CTDOC (remanded)” (p. 12).</p> <p data-bbox="240 1254 1477 1312">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1344 1453 1402">115.278 (b). Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="240 1433 347 1460">Interviews</p> <p data-bbox="240 1491 1461 1585">Director or Designee – The interviewed staff reported that disciplinary sanctions are at the discretion of CTDOC. We would request a remand. The sanctioned are controlled by CTDOC, but we would report any incident as required by the PREA standards.</p> <p data-bbox="240 1617 1477 1675">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1706 1461 1765">115.278 (c). The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1796 347 1823">Interviews</p> <p data-bbox="240 1854 1461 1948">Director or Designee – The interviewed staff reported that disciplinary sanctions are at the discretion of CTDOC. We would request a remand. The sanctioned are controlled by CTDOC, but we would report any incident as required by the PREA standards.</p> <p data-bbox="240 1980 1477 2038">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 2069 1414 2128">115.278 (d). As reported in the PAQ, the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.</p> |

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.278 (e). As reported in the PAQ, the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The facility did not have a sexual abuse allegation, however if they did have one, they would use the Documentation Review Worksheet (Investigation and Response Record) from to document any disciplinary actions taken.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.278 (f). For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation; The facility did not have a sexual abuse allegation, however if they did have one they would use the Documentation Review Worksheet (Investigation and Response Record) from to document any disciplinary actions taken.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.278 (g). The agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. The facility did not have a sexual abuse allegation, however if they did have one, they would use the Code of Penal Discipline form to document.

Documentation Reviewed

Code of Penal Discipline

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.282 | Access to emergency medical and mental health services |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 389 552 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 624 474">Policy: PREA Policy for FHM Services</p> <p data-bbox="240 506 352 533">Interviews:</p> <p data-bbox="240 564 778 591">Non-Security Staff-Security Staff First Responders (6)</p> <p data-bbox="240 622 483 649">Findings (By Provision):</p> <p data-bbox="240 680 1458 801">115.282 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility does not have onsite medical and mental healthcare.</p> <p data-bbox="240 833 1434 927">Policy: The PREA Policy for FHM Services states that "victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident" (p. 12).</p> <p data-bbox="240 958 1477 1016">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1048 1126 1075">115.282 (b). N/A FHM residential programs do not employ medical or mental health staff.</p> <p data-bbox="240 1106 347 1133">Interviews</p> <p data-bbox="240 1164 1485 1321">Security Staff and Non-Security Staff First Responders/Random Sample of Staff – The interviewed staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility is to secure the area, take down information, take the victim to a safe location, maintain constant supervision of the clients, and notify the supervisor. Such actions would be taken immediately. When asked who they would not share the information with the responses varied from other staff and clients.</p> <p data-bbox="240 1352 1477 1411">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1442 1473 1536">115.282 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p data-bbox="240 1568 1468 1760">Policy: The PREA Policy for FHM Services states that "victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. FHM residential programs do not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff" (p. 12).</p> <p data-bbox="240 1792 1489 1948">Security Staff and Non-Security Staff First Responders/Random Sample of Staff – The interviewed staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility is to secure the area, take down information, take the victim to a safe location, maintain constant supervision of the clients, and notify the supervisor. Such actions would be taken immediately. When asked who they would not share the information with the responses varied from other staff and clients.</p> <p data-bbox="240 1980 1477 2038">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 2069 1485 2128">115.282 (d). As reported in the PAQ, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> |

Policy: The PREA Policy for FHM Services states that "victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. FHM residential programs do not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff" (p. 12).

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Interviews:</p> <p>Findings (By Provision):</p> <p>115.283 (a). The facility does not offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Policy: The PREA Policy for FHM Services states that “Continued medical and mental health treatment for victims and abusers will be provided by CTDOC or local medical facilities as deemed appropriate at no cost to the resident(s)” (p. 12).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (b). The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (d). NA-the facility only houses male residents.</p> <p>115.283 (e). NA-the facility only houses male residents</p> <p>115.283 (f). Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The agency does not provide treatment services onsite all services will be referred for offsite medical care.</p> <p>Policy: The PREA Policy for FHM Services states that “Continued medical and mental health treatment for victims and abusers will be provided by CTDOC or local medical facilities as deemed appropriate at no cost to the resident(s)” (p. 12).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (g). Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (h). The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Policy: The PREA Policy for FHM Services states that “CTDOC policy states it will conduct mental health evaluation within 60 days on all known resident-on-resident abusers” (p. 12).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> |

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.286 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>PREA Incident Check Sheet</p> <p>Document Review Worksheet (Sexual Abuse Incident Review (SAIR) Records)</p> <p>Interviews:</p> <p>Incident Review Team</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.286 (a). As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0.</p> <p>Policy: The PREA Policy for FHM Services states that “The PREA Coordinator in consultation with the Incident Review Team including each Program Director and Assistant Program Director will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated” (p. 12).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.286 (b). As reported in the PAQ, the facility does not ordinarily conduct a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0.</p> <p>Policy: The PREA Policy for FHM Services states that “The PREA Coordinator in consultation with the Incident Review Team including each Program Director and Assistant Program Director will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated” (p. 12).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.286 (c). The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>Policy: The PREA Policy for FHM Services states that “The PREA Coordinator in consultation with the Incident Review Team including each Program Director and Assistant Program Director will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated” (p. 12). It was further reported that the SAIR form would be used to document the incident review.</p> <p>Documentation Reviewed</p> <p>Document Review Worksheet (Sexual Abuse Incident Review (SAIR) Records)</p> <p>Interviews</p> <p>Director or Designee – The interviewed staff reported that the PREA Coordinator and Program Director, along with the Executive Director would review an incident in coordination with the CTDOC and local police. The team includes upper management and would always be interested in the input of line staff or others familiar with the people involved in the</p> |

incident.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.286 (d). As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator...

Policy: The PREA Policy for FHM Services states that "The Incident Review Team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by a group of dynamics at the facility. The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment; and prepare a report of its findings and recommendations for improvement" (p. 12).

Interviews

Director or Designee – The interviewed director reported that the information from the sexual abuse incident review is used to review the incident to identify any issues with staffing levels, camera system, offender movement, staff tours, or any factor that is withing our ability to adjust for a safer environment. A full assessment of the physical barriers and staffing levels will occur.

PREA Coordinator – The interviewed staff reported that

Incident Review Team – The interviewed staff on the incident review team reported that team considers all of the above-mentioned areas when conducting an incident review. All the above would be reviewed and assessed by the team.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.286 (e). The facility implements the recommendations for improvement or documents its reasons for not doing so.

Policy: The PREA Policy for FHM Services states that "based on the review of an incident, appropriate corrective actions shall be taken as determined by the Incident Review Team" (p. 13).

Documentation Reviewed

PREA Sexual Abuse/Harassment Review blank

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.287 | Data collection |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Data Collection 2021</p> <p>Findings (By Provision):</p> <p>115.287 (a). As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Policy: The PREA Policy for FHM Services states that the facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year's data with those of previous years and shall provide an assessment of the facility's progress in addressing sexual abuse.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (b). The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>Policy: The PREA Policy for FHM Services states that "the facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year's data with those of previous years and shall provide an assessment of the facility's progress in addressing sexual abuse" (p. 13).</p> <p>Documentation Reviewed</p> <p>Data Collection (2021)</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (C). As reported in the PAQ, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>Policy: The PREA Policy for FHM Services states that "the FHM residential programs shall collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice" (p. 13).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (d). N/A-The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Policy: The PREA Policy for FHM Services states that "the FHM residential programs shall collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice" (p. 13).</p> <p>Documentation Reviewed</p> <p>Data Collection (2021)</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (e). N/A the agency does not contract for the confinement of its residents.</p> |

115.287 (f). N/A the DOJ has not requested agency data.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.288 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>PREA Data Collection (2021)</p> <p>Website: FHMServices.org</p> <p>Interviews:</p> <p>Agency Head</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.288 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Policy: The PREA Policy for FHM Services states that “the FHM residential programs shall collect data and main records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (p. 13).</p> <p>Documentation Reviewed</p> <p>Data Collection (2021)</p> <p>Interviews:</p> <p>Agency Head – The interviewed agency head reported that the agency has not had any incidents of sexual abuse.</p> <p>PREA Coordinator - The interviewed PREA Coordinator reported that the agency does not review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The interviewed PREA Coordinator reported that the agency does not complete an annual report.</p> <p>However, after discussion with the Director and reviewing documentation, the auditor observed that an annual report is completed. Recommendation: The agency head shall educate the assigned PREA Coordinator on the agencies responsibility to collect data.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.288 (b). As reported in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report does not provide an assessment of the agency's progress in addressing sexual abuse. It was further explained that the annual report does not have the information as there were no sexual abuse incidents.</p> <p>Documentation Reviewed</p> <p>Data Collection (2021)</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.288 (c). As reported in the PAQ, the agency makes its annual report readily available to the public at least through its</p> |

website. The annual reports are approved by the agency head.

Policy: The PREA Policy for FHM Services states that "this data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report" (p.13)

Documentation Reviewed

FHMServices.org

PREA Data Collection

Interviews

Agency Head – The interviewed agency head reported that they approve annual PREA reports.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.288. (d). As reported in the PAQ, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Policy: The PREA Policy for FHM Services states that "prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report" (p. 13).

Documentation Reviewed

Website: FHMServices.org

Interviews:

PREA Coordinator- The interviewed PREA Coordinator reported that there is no material redacted because the agency does not have an annual report. However, after review of documentation the auditor observed that there is an annual PREA Report.

Recommendation: The auditor has noted that the agency head shall educate the assigned PREA Coordinator on the duties and responsibilities that the agency has to complete annual reports.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

Recommendation: The auditor has noted that the agency head shall educate the assigned PREA Coordinator on the duties and responsibilities that the agency has to collect data and complete annual reports.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.289 | Data storage, publication, and destruction |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: PREA Policy for FHM Services</p> <p>Website: FHMServices.org</p> <p>PREA Data Collection (2021)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.289 (a). As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained. The agency indicates the nature of material redacted.</p> <p>Policy: The PREA Policy for FHM Services states that</p> <p>Documentation Reviewed</p> <p>Website: FHMServices.org</p> <p>PREA Data Collection (2021)</p> <p>Interviews</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that the facility is too small to collect data.</p> <p>However, after discussion with the director the auditor determined that the facility does collect data. It should be noted that the PREA Coordinator is new in their respective role and during the audit process the coordinator changed.</p> <p>Recommendation: The agency head shall educate the assigned PREA Coordinator on the agencies responsibility to collect data.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.289 (b). As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.289 (c). As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>Policy: The PREA Policy for FHM Services states that “prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report” (p. 13).</p> <p>Documentation Reviewed</p> <p>PREA Data Collection (2021)</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.289 (d). As reported in the PAQ, the agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> |

Policy: The PREA Policy for FHM Services states that "records will be maintained for at least 10 years after the date of initial collection" (p. 13).

Documentation Reviewed

PREA Data Collection (2021)

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

Recommendation: The agency head shall educate the assigned PREA Coordinator on the agencies responsibility to collect data.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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| 115.401 | Frequency and scope of audits |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="242 329 359 358">Documents</p> <p data-bbox="242 387 405 416">CDOC Contract</p> <p data-bbox="242 445 483 474">Findings (By Provision):</p> <p data-bbox="242 504 1366 562">115.401 (a). The audited facility serves as a contracted site for the state Department of Corrections agency. As a requirement of their contract, the audited facility has met the obligations of being audited every three years.</p> <p data-bbox="242 591 1390 649">115.401 (b). As reported by the PREA coordinator, there are several community confinement sites operated by the governing agency.</p> <p data-bbox="242 678 1485 808">115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the director. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="242 837 1461 934">115.401 (i). During the on-site visit, the auditor was provided access to any and all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and supplemental reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="242 963 1481 1126">115.401 (m). The auditor was provided a private room to conduct interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p data-bbox="242 1155 1398 1214">A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="242 1243 1449 1301">115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the facility.</p> <p data-bbox="242 1330 584 1359">Corrective Action and Conclusion:</p> <p data-bbox="242 1388 1422 1447">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Fellowship House Ministries</p> <p>Findings (By Provision):</p> <p>115.403 (f). The audited facility serves as a contracted site for the state Department of Corrections. As a requirement of their contract, the audited facility has met the obligations of being audited every three years.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> |

| Appendix: Provision Findings | | |
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| 115.211 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.211 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities? | yes |
| 115.212 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.212 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.212 (c) | Contracting with other entities for the confinement of residents | |
| | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | na |
| | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | na |
| 115.213 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |

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| 115.213 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.) | na |
| 115.213 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? | yes |
| 115.215 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.215 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.) | na |
| | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | na |
| 115.215 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female residents? | yes |
| 115.215 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |

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| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.215 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.216 (a) | Residents with disabilities and residents who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.216 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.216 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| 115.217 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| 115.217 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? | yes |
| | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents? | yes |
| 115.217 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.217 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| 115.217 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |

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| 115.217 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.217 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.217 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.218 (a) | Upgrades to facilities and technology | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | na |
| 115.218 (b) | Upgrades to facilities and technology | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |

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| 115.221 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.221 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.221 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.221 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.221 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na |
| 115.222 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

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| 115.222 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.222 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | yes |
| 115.231 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.231 (b) | Employee training | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

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| 115.231 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.231 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.232 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.232 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.232 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.233 (a) | Resident education | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| 115.233 (b) | Resident education | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |

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| 115.233 (c) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? | yes |
| 115.233 (d) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.233 (e) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.234 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| 115.234 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| 115.234 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).) | na |

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| 115.235 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| 115.235 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) | na |
| 115.235 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| 115.235 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | na |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | na |
| 115.241 (a) | Screening for risk of victimization and abusiveness | |
| | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| 115.241 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.241 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

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| 115.241 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? | yes |
| 115.241 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.241 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.241 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess a resident's risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Request? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? | yes |

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| 115.241 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.241 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.242 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.242 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| 115.242 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.242 (d) | Use of screening information | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.242 (e) | Use of screening information | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |

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| 115.242 (f) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.251 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.251 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| 115.251 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.251 (d) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

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| 115.252 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.252 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| 115.252 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | na |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | na |

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| 115.252 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |
| 115.253 (a) | Resident access to outside confidential support services | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| 115.253 (b) | Resident access to outside confidential support services | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.253 (c) | Resident access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.254 (a) | Third party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |

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| 115.261 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.261 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.261 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.261 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.261 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.262 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.263 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.263 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.263 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.263 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.264 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.264 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.265 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.266 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no |
| 115.267 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.267 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| 115.267 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.267 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.267 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.271 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | na |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | na |
| 115.271 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? | yes |

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| 115.271 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.271 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.271 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.271 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.271 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.271 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.271 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.271 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| 115.271 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| 115.272 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |

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| 115.273 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.273 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.273 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.276 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.276 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 115.276 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.276 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.277 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.277 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.278 (a) | Disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.278 (b) | Disciplinary sanctions for residents | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| 115.278 (c) | Disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.278 (d) | Disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.278 (e) | Disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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| 115.278 (f) | Disciplinary sanctions for residents | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.278 (g) | Disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.282 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.282 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.282 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.282 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.283 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.283 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |

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| 115.283 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.283 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.283 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.286 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.286 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.286 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.286 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 115.287 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.287 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.287 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.287 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.287 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |
| 115.287 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| 115.288 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.288 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.288 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.288 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |

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| 115.289 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.289 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.289 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |